**Manometry/pH Study**

If appropriate for this patient:
- Stop or hold therapeutic anticoagulation:
  - Stop heparin infusion 4 to 6 hours prior to surgery
  - Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
  - Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

**Height_____________________
Weight_____________________
Allergies____________________

### General

**SAH, SCH, SFH, SJMC & Highline Code Status (Single Response) [217127]**

<table>
<thead>
<tr>
<th>Code Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full code [COD2]</td>
<td>This code status was determined by: Pre-Procedure</td>
</tr>
<tr>
<td>Full treatment WITH intubation but WITHOUT ACLS [COD3]</td>
<td>This code status was determined by: Pre-Procedure, - Initiate Code Blue for management of airway in the presence of a primary respiratory event - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated</td>
</tr>
<tr>
<td>Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]</td>
<td>This code status was determined by: Pre-Procedure, - Do NOT initiate Code Blue - Therapeutic plan is otherwise unaltered - Transfer to critical care if indicated.</td>
</tr>
<tr>
<td>Comfort Care [COD1]</td>
<td>This code status was determined by: Pre-Procedure, 1) Provider must complete comfort care orders #668 2) RN or designee to place a purple wristband on Patient 3) Do NOT initiate Code Blue 4) Do NOT transfer to higher level of care</td>
</tr>
</tbody>
</table>

Provider’s Initial: _________
Manometry/pH Study

Harrison Code Status (Single Response) [217128]

( ) Full code [COD2] REQUIRED
This code status was determined by:
Pre-Procedure

( ) Full treatment WITH intubation but WITHOUT ACLS [COD3] REQUIRED
This code status was determined by:
Pre-Procedure,
- Initiate Code Blue for management of airway in the presence of a primary respiratory event
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Full treatment WITHOUT intubation but WITH ACLS [COD9] REQUIRED
This code status was determined by:
Pre-Procedure,
- Initiate Code Blue for management of cardiac arrhythmias in the presence of a primary cardiac event
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Full treatment WITHOUT intubation and WITHOUT ACLS [COD4] REQUIRED
This code status was determined by:
Pre-Procedure,
- Do NOT initiate Code Blue
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Comfort Care [COD1] REQUIRED
This code status was determined by:
Pre-Procedure,
1) Provider must complete comfort care orders #668
2) RN or designee to place a purple wristband on Patient
3) Do NOT initiate Code Blue
4) Do NOT transfer to higher level of care

Consent [122750]

[ ] Verify informed consent [NUR542] Routine, Once
Indicate one of the following to confirm the patient/representative has given informed consent for blood products.
Hospital consent form completed and signed in physician's office. Place in chart, Pre-Proced

[ ] Verify informed consent [NUR542] Routine, Once
Indicate one of the following to confirm the patient/representative has given informed consent for blood products.
By completing hospital consent form to read as procedure indicated., Pre-Proced

Provider's Initial:  

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PATIENT INFORMATION

CHI Franciscan Health
PROVIDER ORDERS

Manometry/pH Study

(3/3/16)
### Nutrition [122751]

<table>
<thead>
<tr>
<th></th>
<th>Diet NPO [DIET41] REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Diet effective now, Starting S NPO Except: Diet Comments: After Midnight. Per FHS Perioperative Fasting Guidelines. Pre-Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Diet NPO [DIET41]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diet effective now, Starting S NPO Except: Diet Comments: *** Hours before procedure Pre-Procedure</td>
</tr>
</tbody>
</table>

### Education [122752]

<table>
<thead>
<tr>
<th></th>
<th>Patient education (specify) [NUR593] Routine, Clinic Performed, Pre-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient education (specify) [NUR593] Routine, Clinic Performed, Pre-Procedure</td>
</tr>
</tbody>
</table>

### Discharge [130204]

<table>
<thead>
<tr>
<th></th>
<th>Discharge Follow-Up [NUR651] Routine, Clinic Performed</th>
</tr>
</thead>
</table>

### Medications

#### Topical Anesthetic [408122978]

<table>
<thead>
<tr>
<th></th>
<th>lidocaine (XYLOCAINE) jelly 2% [4448] REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Once as needed For 1 Doses, pain, to nare(s) for nasogastric tube insertion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Lidocaine (XYLOCAINE) 20mg/ml (2%) injection [4454] REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>IntraTRACHEal, Once as needed, For 1 Doses, Pre-Procedure Spray to throat PRN times 1 for nasogastric tube insertion.</td>
</tr>
</tbody>
</table>

### Other Information

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>ORDERING PROVIDER PRINT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PROVIDER SIGNATURE</td>
</tr>
<tr>
<td>DATE</td>
<td>TIME</td>
<td>RN ACKNOWLEDGED</td>
</tr>
</tbody>
</table>

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(3/3/16)